PACE 1/11 * RCVD AT 1/4/2005 2:44:05 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/1 * DNIS:8729306 * CSID:+619 234 7831 * DURATION (mm-55):03-14

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FACSIMILE

Ser. No.: 10/798,923

Filing Date: Mar 10, 2004

Docket No.: ISIS0124-100 (RTS-0739US)

Title: MODULATION OF ACE2 EXPRESSION

Pages to Follow: 10

Sendar's Name: Susan J. Myers Fitch

Date: January 4, 2005

RECIPIENT(\$)	COMPANY/FIRM	FAX
Examiner Jon Benjamin Ashen	USPTO	(703) 872-9306

MESSAGE: OFFICIAL FACSIMILE

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- 1. Transmittal Form (1 page);
- 2. Fee Transmittal Form (1 page); and
- 3. Amendment and Request for Reconsideration (8 pages).

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		Application Number	10/798,92	3					
TRANSMITTAL FORM		Filing Date	March 10,	2004					
		First Named Inventor	Kenneth V	V. Dobie					
		Art Unit	1635						
(to be used for all correspondence after initial filing)		Examiner Name	Jon Benja	min Ashen					
Total Number of Pages in This S	Submission 11	Attorney Docket Numb	er ISIS0124-	100 (RTS-0739US)					
ENCLOSURES (check all that apply)									
Fee Transmittal Form	☐ Drawing(s) .	I	After Allowance Communication to TC					
Fee Attached	Licensing	related Papers		Appeal Communication to Board of Appeals and Interferences					
Amendment / Reply	Petition			Appeal Communication to TC (Appeal Notice, Briof, Reply Brief)					
After Final		o Convert to a nal Application	☐ Proprieta	Proprietary Information					
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Signature	hu	Jugnal							
Printed Name	Susan J. Myer	Susan J. Myers Fitch							
Date	January 4, 200	January 4, 2005 Reg. No. 55,477							
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Effective on 12/08/2004.			Complete if Known					
Fees pursuant to the Consolidated Appropriations Act. 2005 (M.R. 4818).			Application N	on Number 10/798,923				
FEE TRANSMITTAL For FY 2005			Filing Date	Filing Date March 10, 2004				
			First Named I	First Named Inventor Kenneth W. Dobie				
Applicant clai	ims small entity status	See 37 CFR 1.27	Examiner Nar	Examiner Name Jon Benjamin Ashen				
			Art Unit	1635				
TOTAL AMOUNT	OF PAYMENT (\$)		Attorney Doc	cet No. ISISO12	ISIS0124-100 (RTS-0739US)			
METHOD OF PA	AYMENT (check all	that apply)						
Check Credit Card Money Order None Other (please identify):								
	Ount Deposit Accoun			Account Name: CO		r		
For the abo	ve-identified deposit	account, the Director is h	ereby authorized	to: (check all that a	apply)			
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FEE CALCULA	TION							
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
Application Ty	<u>De Fee(\$)</u> .	imali <u>Entity</u> Fee (\$) <u>Fee</u>	Small Entity (5) Fee (\$)		II Entity	Fees Paid (\$)		
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Plant	200	100 300	• •	160	80 _			
Reissue	300	150 500			100 -			
Provisional	200	100 · 0		0	0 -			
2. EXCESS CLA	AIM FEES		· ·		•	all Entity		
Fee Description					Fee (\$) F	ee (\$)		
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sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1 16(s)								
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A OTHER FEE(s)						Fees Paid (5)		
Other (c.g., late filing surcharge):								
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Signature	her an		Registration No.	EE 477	Telephone 61	D 605 1712		
ame (Print/Type) Susan J. Myers Fitch						Date January 4, 2005		
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